

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 137 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kimberly CooleyTelephone: 864-298-0025Address: A Child's Haven, IncFax: 864-298-0045
1124 Rutherford Rd
Greenville, SC 29609

 Other: Lisa.R@achildshaven.org
 Email: Kimberly.C@achildshaven.org

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 30 2012
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

805

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

2012-137-T
235950

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 3/30/2012

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

A Child's Haven, Inc.1124 Rutherford Rd.

Street Address of Applicant

Greenville, SC 29609

Mailing Address of Applicant (if different from street address)

864-298-0025

Phone

864-298-0045

Fax

Kimberlyc@achildshaven.org

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☒ Corporation - List names and addresses of two principal officers.Landra Jennings, President, 65 Stonehaven Dr., Greenville, SC 29607Leanne Taskwhich, Treasurer, 112 Robinson St., Greenville, SC 29609

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month February Year 2012

Assets:

Cash	3,140,660.01
Receivables	217,719.15
Real Estate	682,144.53
Buildings and Equipment (Net)	24,640.74
Motor Vehicles (Net)	40,203.31
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	116,966.35
Total Assets *	4,222,334.09

Liabilities and Equity:

Accounts Payable	23,650.16
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	13,061.00
Other Accrued Obligations	30,475.00
Other Liabilities	2,475.96
Total Liabilities	69,662.12
Capital Stock	0
Retained Earnings	4,152,671.97
Total Equity	4,152,671.97
Total Liabilities and Equity *	4,222,334.09

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$15.00 per 1 way trip

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Chevrolet	2002 TVC	1GBHG31VK31207296	4359	AD
Chevrolet	2005 BU	1GBH431V351163190	4215	N
Chevrolet	2003 VN	1GBHG31V331167598	4356	AD
Chevrolet	2011 BU	1GB026BA7A1102412	7082	M
Chevrolet	2002 TVC	1GBHG31R521174791	4300	AD

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

A Child's Haven

Name of Applicant

112 Rutherford Road Greenville, SC 29609

Address of Applicant

Amount of Premium:

Liability Insurance \$ 6,114

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily Injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrences	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>5,000</u>

Philadelphia Insurance Company

Name of Insurance Company

231 St. Joseph's Road Ste 100 Bala Cynwyd, PA 19004-0950

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Brandee Montemayor

Digitally signed by Brandee Montemayor
DN: cn=Brandee Montemayor, o=Philadelphia Insurance Companies,
ou=Commercial Lines Underwriter II, email=brandee@phillyins.com, c=US
Date: 2012.03.30 12:24:49 -0500

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)A Child's Haven

Name

SC 2177887

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Kimberly F. Cooley
Applicant's Signature

Interim Exec. Director

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Greenville)

SWORN TO BEFORE ME

This 29th day of March, 2012

Patricia Jones
Notary Public

Commission Expires May 30, 2017

THE STATE OF SOUTH CAROLINA
EXECUTIVE DEPARTMENT

By the Secretary of State

Whereas,

Eva P. Hunt, Beverly Brookshire, P. Elaine Payna,
 Jana M. Mitchell, Pamela Williams King, Toni Sycks,
 Cathy Cookman, John E. Freeman, Carl E. Lancaster,
 Lillian N. Sampson, Angela L. Polk

A majority of the Board of Directors of

A CHILD'S HAVEN, INC.

a corporation created under and pursuant to the Laws of South Carolina, by Certificate issued by the
 Secretary of State on the 30th day of May A.D. 1989

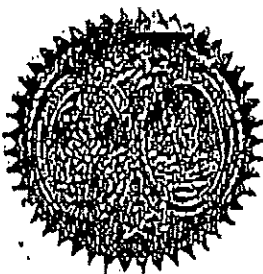
HAVE CERTIFIED, over their signatures, Resolutions authorizing in behalf of the aforesaid

Corporation The purpose for which the Corporation is organized are
 exclusively charitable and educational within the meaning of Section
 501-C-3 of the IRS code of 1986. Notwithstanding any other provision
 of these articles, this organization shall not carry on any activities
 not permitted to be carried on by an organization exempt from Federal
 Capitalized Income Tax under Section 501-C-3 under IRC of 1986.
 Upon the dissolution of the Corporation, assets shall be distributed
 for one or more exempt purposes within the meaning of Section 501-C-3
 of the IRC of 1986 or corresponding section of any future tax code,
 or shall be distributed to the Federal, State, or local government for
 a public purpose. Any such assets, not so disposed of by the Court
 of Common Pleas of the County in which the principal office by the
 Corporation is then located, for such purposes.

(authorized and set forth in the certificate aforesaid), which Resolutions were adopted pursuant to
 law, at a meeting of the members of the aforesaid Corporation, of which five days' notice was given,
 which notice stated the purpose of the aforesaid meeting, and further, that said Resolutions were
 adopted by a majority vote, and that in all respects there has been complied with the provisions of
 Title 33, Chapter 31 Code of Laws of South Carolina, 1976, and all amendments thereto.

NOW, THEREFORE, I, John T. Campbell, Secretary of State,
 by virtue of the authority in me vested by Chapter aforesaid, of the Code of Laws of South Carolina,
 1976 and amendments thereto, do hereby certify that the requirements of law for said amendment
 have been complied with, and for good and sufficient reasons to me appearing, do hereby certify that
 the charter of the aforesaid Company has been so amended.

GIVEN under my hand and the seal of the State at Columbia,
 this 27th day of April
 in the year of our Lord One Thousand nine hundred and 90
 and in the two hundred and 14th
 year of the Independence of the United States of America,



John T. Campbell
 Secretary of State

30.0
 COPIED TO BE
 OBTAINED FROM
 ORIGINAL FILE IN THIS OFFICE

DECLARATION AND PETITION FOR INCORPORATION

APPLICATION MUST BE TYPEWRITTEN
 DO NOT FILE IN DUPLICATE

John T. Brown
 MAY 30 1989
 10:10:11 PM

OCT 25 2007

89-000027/89-000007

SECRET

The undersigned declarants and petitioners.

STATE OF SOUTH CAROLINA NAME

STREET ADDRESS AND CITY

Eva Hunt (Mrs. Hunt, Jr.)

118 Rookingham Rd. Greenville, SC

Joe S. Browder

123 Woodie Creek Road Greenville, SC

Rebay Terry (Mrs. Lewis)

519 McDaniel Ave. Greenville, SC

We, the undersigned, do hereby declare and petition for the incorporation of A Child's Haven, Inc.

for the purpose of providing a consortium of services for abused children.

The said corporation is to be organized for the purpose herein stated to be set forth, do affirm that the

undersigned do hereby declare and petition for the incorporation of the said corporation, they were

organized for the purpose herein stated to be set forth, do affirm that the undersigned do hereby

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be set forth, do affirm that the undersigned do hereby declare and petition for the

Date May 18, 1989

(Sign here)

Joe S. Browder
Eva Hunt
Rebay S. Terry



March 29, 2012

To Whom It May Concern,

Thank you for the opportunity to submit our application for an ORS certificate for Class C Non-emergency. We are requesting that our application be expedited to receive approval at the nearest date feasible. A Child's Haven is providing non-emergency medical transportation through Logisticare LLC, the state broker for this service. We have just recently been notified that we are required to obtain an ORS number for this service and we are working diligently to ensure that we meet all requirements.

Our buses have been in operation providing this service and have passed Logisticare and state inspections this past month as well as in 2011. Our transportation serves young children ages two years to five years old who attend A Child's Haven therapeutic child treatment program for developmentally delayed, abused and neglected children, ages 2-5, and their families in Greenville County.

Our families are poor, under-educated and socially isolated. Our children are recipients of Medicaid and most receive food stamps. Their parents and caregivers are faced with financial instability, including but not limited to unemployment, substance abuse, mental health issues, domestic violence, and child maltreatment. Many of our families are transient, moving numerous times throughout the duration of services. This instability within the living environment further exacerbates the challenges our children face.

Your prompt and attentive response to this request is greatly appreciated.

Sincerely,

Kimberly Cooley
Interim Executive Director

Lisa Ryan
Early Education Director

Attached: ORS application